

INTER-REGION TRANSFER LETTER OF

This agreement is entered into by the Division of Services for People with Disabilities, _____
Region and _____ Region effective during the following dates:_____.
This agreement defines fiscal and managerial responsibilities of each region relevant to the
relocation of (Name)_____,(ID #)_____
from (City)_____ to (City)_____.

Under this agreement, the sending region will:

1. Provide funding for continuation of services as follows:

Service Code	Eligibility	Kind	Rate	Units	Total Dollars	Total State Dollars	Transfer Date
Total State Dollars Transferred							

2. Have the sending region case manager (Name)_____:
- a. Maintain case management through (Date)_____,
and coordinate with the receiving region to review the person's progress.
- b. Transfer the case file, with all information current as of the transfer date, and
relinquish all responsibility for case management.
4. Other:_____

Under this agreement, the receiving region will:

1. Have the receiving region case manager (Name)_____,
provide case management beginning (Date)_____.
2. Initiate negotiations with the sending region for any needed changes in services and related
fiscal support.
3. Other:_____.

The undersigned agree to the conditions and terms of this agreement.

Sending Region Director

Date

Receiving Region Director

Date

Initials:	Receiving Region Finance:_____.	Date:_____.
	Sending Region Finance:_____.	Date:_____.
	Division Financial Officer:_____.	Date:_____.